

Modern Clinical Applications and Scientific Research Progress of Ashi Points in Multiple Fields

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Abstract: *Ashi points, as an important concept in acupuncture therapy, have evolved from the traditional theory of “using pain as the acupoint” to a widely applied treatment method in various clinical fields. This article systematically reviews the current status of clinical application of Ashi points in pain management, musculoskeletal disorders, gynecological diseases, digestive system diseases, and other fields, and explores their mechanisms of action in conjunction with modern scientific research. Clinical studies have shown that acupuncture at Ashi points demonstrates superior efficacy compared to conventional acupoint acupuncture in treating conditions such as lumbar myofascial pain syndrome. Among these, the randomized controlled trial by Huang Sufang et al. showed that acupuncture at Ashi points can significantly improve the morphology and function of the multifidus muscle, eliminate muscle nodules, and increase pressure pain thresholds. Concurrently, modern technologies such as Quantitative Sensory Testing (QST) and ultrasound imaging provide new methods for the objective diagnosis and treatment of Ashi points. By measuring temperature thresholds and pressure pain thresholds, the pathological characteristics of “cold, heat, deficiency, and excess” of Ashi points can be identified, enabling precise treatment selection. This article also analyzes the existing misunderstandings in the conceptual understanding of Ashi points, pointing out the limitations of simplistically interpreting “Ashi” as the patient’s exclamation of pain or viewing it solely as a tender point. It emphasizes the multiple meanings contained in the term “kuai ran”, including comfort and relief. Finally, the paper proposes advancing the modernization of Ashi point research from three aspects: precision in treatment selection, objectivity in efficacy evaluation, and differentiation in mechanism studies, providing new research directions for the scientific development of Traditional Chinese Medicine (TCM) acupuncture.*

Keywords: Ashi point, Clinical application, Acupuncture therapy, Objective diagnosis, Multifidus muscle, Pain management, Modernization of TCM.

1. Introduction

The Ashi point, a concept originating from Sun Simiao’s Essential Formulas for Emergencies Worth a Thousand Gold from the Tang Dynasty, has evolved over more than a thousand years from an initial folk method to an important component of the modern acupuncture theoretical system [1]. The original text states: “There is the method of Ashi. When a person has illness and pain, have them press the area. If the pressing accurately locates the spot, regardless of whether it is a recognized acupoint, and results in either comfort or pain, then it is called ‘Ashi’. Both moxibustion and acupuncture are effective, hence it is called the Ashi point.” This passage clarifies the basic characteristics of the Ashi point—a reactive point obtained through palpation, not limited to fixed acupoints, and responsive to both moxibustion and acupuncture.

However, the understanding of the term “kuai ran” is key to correctly grasping the essence of the Ashi point. The Great Chinese Dictionary explains “kuai ran” as “an expression of joy,” encompassing multiple meanings such as happiness, pleasure, comfort, and relief. This suggests that the reaction at an Ashi point is not limited to tenderness but may also include positive responses such as pain relief, a sense of comfort, or warmth upon pressure. This interpretation is supported by records in *Lingshu·Back Transport Points*: “Press the location. If there is pain within and the pain resolves upon pressure, then that is the transport point,” clearly indicating the phenomenon of pain relief upon pressure. Furthermore, *Suwen·Discussion on Pain* mentions: “When cold qi invades the channels of the back transport points... pressing causes warm qi to arrive. Once warm qi arrives, the pain stops,” suggesting that for cold-pattern diseases, reactive points that generate warmth

upon pressure can be used for treatment [2].

2. In-Depth Application of Ashi Points in Pain Management

2.1 Breakthrough Treatment for Lumbar Myofascial Pain Syndrome

Lumbar Myofascial Pain Syndrome (MPS) is a common chronic pain condition characterized by local muscle tightness, tender points, and referred pain. Traditional acupuncture treatments often select fixed acupoints along the Bladder Meridian, Governor Vessel, etc. However, recent clinical studies show that personalized treatment plans based on Ashi points often yield superior results [3].

The results showed that while both groups showed improvement in multiple indicators post-treatment, the degree of improvement in the treatment group was significantly better than the control group: Visual Analog Scale (VAS) for pain: The treatment group decreased from 7.8 ± 1.2 before treatment to 2.1 ± 0.9 ; the control group decreased from 7.6 ± 1.3 to 3.9 ± 1.1 . The between-group difference was significant ($P < 0.05$). Pressure Pain Threshold (PPT): The treatment group increased from 2.3 ± 0.5 kg/cm² to 4.8 ± 0.7 kg/cm²; the control group increased from 2.4 ± 0.6 kg/cm² to 3.6 ± 0.8 kg/cm². Oswestry Disability Index (ODI): The improvement rate was 78.5% in the treatment group and 62.3% in the control group. Multifidus muscle cross-sectional area: Ultrasound examination showed an average increase of 15.7% in the treatment group and 9.2% in the control group. Particularly noteworthy: Palpable muscle nodules present before treatment disappeared in 87% of patients in the treatment group, compared to only 53% in the control group.

This finding suggests that Ashi point acupuncture can directly target the core of local pathological changes—myofascial trigger points—by eliminating muscle nodules and relieving muscle fiber spasms, thereby fundamentally improving the pain state [4].

2.2 Systematic Treatment for Chronic Neck and Shoulder Pain

Neck and shoulder pain, as a common condition in modern society, has been shown in clinical studies to benefit from personalized treatment plans based on Ashi points. A study involving 120 patients with chronic neck and shoulder pain compared three therapeutic approaches: Group A (Ashi point acupuncture only), Group B (conventional acupoint acupuncture only), and Group C (combined therapy). Evaluation after 8 weeks of treatment revealed that Group C achieved the highest short-term total effective rate (92.5%), the lowest long-term symptom recurrence rate (15.0%), and the most significant improvement in cervical range of motion. Subgroup analysis further indicated that Ashi point therapy showed greater advantages for patients with obvious myofascial trigger points, while patients with predominantly joint-origin pain may respond better to conventional acupoint selection. This suggests that treatment plans should be individualized in clinical practice based on the type of pain and underlying pathological mechanisms [5].

2.3 Innovative Application in Neuropathic Pain

Traditionally, Ashi points were mainly applied to treat nociceptive pain. However, recent clinical explorations have shown their potential in managing certain neuropathic pain conditions. For example, in postherpetic neuralgia, highly sensitive points are often found in the area of the skin lesions and surrounding regions. These points differ from typical tender points, manifesting as allodynia or hyperalgesia. Precisely locating and stimulating these special reactive points can significantly relieve pain and improve sleep quality [6].

3. Expanded Application of Ashi Points in Sports Medicine

3.1 Innovative Practice in Sports Injury Rehabilitation

Rehabilitation of sports injuries is a core aspect of sports medicine, where the application of Ashi points demonstrates unique value. Compared to traditional fixed acupoints, the individualized localization of Ashi points better aligns with the pathological characteristics of sports injuries—varying injury sites, extents, and severity among individuals, leading to corresponding variations in reactive points. For acute sports injuries like ankle sprains, obvious areas of swelling and pain often appear locally and in surrounding tissues. Through careful palpation, the most prominent tender points or tense points can be identified. These points are often direct reactions to ligament injury, joint capsule inflammation, or muscle spasm. Acupuncture or pressure applied to these Ashi points can: Quickly relieve acute pain and reduce inflammatory responses. Improve local blood circulation and promote tissue repair. Prevent the development of chronic pain and dysfunction. A clinical observation on acute ankle

sprains found that patients receiving early Ashi point intervention had an average reduction in swelling resolution time by 2-3 days and an earlier return to full sports function by 1-2 weeks. Ultrasound examination showed better restoration of ligament continuity and less scar formation in the treatment group [7].

3.2 Muscle Function Regulation and Athletic Performance Enhancement

Beyond injury rehabilitation, Ashi points also show potential in regulating muscle function and enhancing athletic performance in normal populations. High-level athletes often exhibit specific patterns of muscle tension or imbalance. While these may not reach the level of injury, they can affect technique and movement efficiency. Systematic screening can reveal “latent Ashi points” on athletes—points with no obvious symptoms under normal conditions but producing discomfort or functional limitations during specific movements or loads. Preventive treatment targeting these points can: Optimize muscle tone distribution and improve movement coordination. Prevent potential injuries. Enhance athletic performance and recovery capacity. A study on badminton players found that regular screening and treatment of Ashi points in the rotator cuff muscles significantly improved shoulder joint stability, reduced the incidence of shoulder injuries by 42%, and increased average smash speed by 3.5% [8].

3.3 Specific Regulation of Multifidus Muscle Function

The multifidus muscle, as an important stabilizer of the spine, is closely related to various low back disorders. The study by Huang Sufang et al. systematically observed the specific effects of Ashi point acupuncture on the morphology and function of the multifidus muscle for the first time, providing a new perspective for researching the mechanism of Ashi points. The study found that lumbar Ashi points are often located at specific segments of the multifidus muscle. These areas typically exhibit: Increased muscle hardness and reduced elasticity. Decreased cross-sectional area and increased fat infiltration [9]. Delayed contraction initiation and decreased endurance. After acupuncture at these Ashi points, not only did local symptoms improve, but the overall function of the multifidus muscle also enhanced. Ultrasound examination showed an increase in the multifidus cross-sectional area, improved echo structure, and increased thickness change rate during contraction [10].

4. Innovative Application of Ashi Points in Other Systemic Diseases

4.1 Specialized Treatment for Gynecological Diseases

Gynecological conditions like dysmenorrhea and chronic pelvic pain often manifest as cyclical or persistent pain in the lower abdomen and lumbosacral region. Traditional acupuncture typically selects fixed acupoints like Guanyuan (CV4), Qihai (CV6), and Sanyinjiao (SP6) [11]. However, clinical practice shows that combining individualized Ashi point treatment often yields better results. In diagnosing and treating gynecological pain disorders, Ashi points often appear in the following specific regions: Lower abdomen:

mostly above the pubic symphysis and medial to the anterior superior iliac spine. Lumbosacral region: concentrated around the sacral foramina and the lumbosacral joint area. Medial lower limb: distributed along the Spleen and Liver meridian pathways. The distribution pattern of these Ashi points is closely related to nerve segmental innervation and meridian pathways [12].

4.2 Functional Regulation in Digestive System Diseases

Functional gastrointestinal disorders like Irritable Bowel Syndrome (IBS) and functional dyspepsia are common health issues in modern society [13]. Although these diseases show minimal organic changes, their diverse symptoms significantly impact quality of life [14]. The application of Ashi point treatment in this field reflects the characteristics of TCM's "holistic concept" and "treatment based on pattern differentiation." "In diagnosing and treating digestive system diseases, Ashi points often appear in the following locations: Abdomen: Mainly concentrated along the Conception Vessel and Stomach Meridian pathways, correlating with the surface projections of corresponding organs. BRegular distribution differences exist for Ashi points in different TCM patterns (e.g., Liver Qi Stagnation, Spleen-Stomach Deficiency). Modern research explains this phenomenon from the perspective of neurogastroenterology: Abdominal organs form neural connections with specific body surface areas via spinal segments. Visceral functional disorders can produce sensory abnormalities in corresponding body surface areas [15].

5. The Application of Modern Technology in Ashi Points

5.1 Systematic Application of Quantitative Sensory Testing (QST)

Traditional identification of Ashi points relies mainly on the practitioner's subjective palpation and the patient's subjective description, which carries a degree of subjectivity and variability [16]. The application of Quantitative Sensory Testing (QST) provides new methods for the objective identification and characterization of Ashi points. Thermal Threshold Testing precisely controls stimulus temperature to measure the patient's perception thresholds and pain thresholds for cold and heat sensations. Research finds that Ashi point areas often exhibit characteristic thermal sensory abnormalities: Ashi points in Cold Patterns: Lowered cold perception threshold, elevated heat perception threshold, locally lower skin temperature. Ashi points in Heat Patterns: Lowered heat perception threshold, elevated cold perception threshold, locally higher skin temperature [17].

5.2 Innovative Application of Imaging Technology

Modern imaging technology provides visualization tools for studying the anatomical location and tissue characteristics of Ashi points. Ultrasound Imaging can observe tissue structural changes at Ashi point sites in real-time and dynamically: Muscle texture changes: Disordered muscle fiber arrangement, enhanced echo. Fascial thickening: Thickened fascial layers, unclear stratification. Local edema: Widened tissue spaces, reduced echo. Blood flow changes: Color Doppler shows

enhanced or weakened local blood flow signals. Ultrasound-guided localization and treatment of Ashi points improve precision and safety. Especially for deep tissue Ashi points, ultrasound guidance can avoid injury to important vessels, nerves, and organs. Infrared Thermography detects surface infrared radiation to generate temperature distribution images. Research finds: Ashi point areas often exhibit local temperature abnormalities. Acute phases often show high-temperature zones, reflecting local inflammation [18].

5.3 In-depth Application of Electrophysiological Technology

Electrophysiological techniques assess the characteristics and therapeutic effects of Ashi points from a functional perspective, enriching the dimensions of Ashi point research. Surface Electromyography (sEMG) records the electrical activity characteristics of muscles. Research finds: Muscles containing Ashi points often exhibit abnormal EMG activity. Spontaneous potentials may occur at rest [19]. Abnormal activation patterns and reduced coordination during contraction. EMG activity tends to normalize after treatment. EMG can not only identify Ashi points but also evaluate treatment effects and guide rehabilitation training. Skin Conductance Testing reflects the activity state of the autonomic nervous system. Research finds: Skin conductance in Ashi point areas often changes. Correlates with emotional state and stress levels. Tends to balance after treatment [20].

6. Conclusion

The Ashi point, as a distinctive concept in acupuncture therapy, has evolved over a millennium from an initial folk practice that disregarded fixed acupoints into a vital component of the modern acupuncture theoretical system. Its research and application have demonstrated extensive clinical value and significant therapeutic efficacy through interdisciplinary studies. Modern research reveals that the Ashi point is not merely a simple "tender point" but serves as a complex informational node connecting local and systemic physiology, reflecting both pathological and physiological states, with therapeutic effects involving the regulation of multiple systems, including neural, endocrine, and immune functions [21].

In the field of pain management, taking lumbar myofascial pain syndrome as an example, acupuncture at Ashi points has been confirmed to specifically improve the morphology and function of the multifidus muscle, demonstrating superior efficacy compared to conventional point selection. Its characteristic application based on individualized reactions and pattern differentiation is also prominent in sports medicine, gynecology, and digestive system disorders. With the application of technologies such as Quantitative Sensory Testing, imaging, and electrophysiology, the diagnosis and treatment of Ashi points are progressively advancing toward objectivity and precision.

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